



COMMUNITY INVOLVEMENT ACTIVITIES RECORD

Student		Principal		Return completed forms to the Guidance Office at your secondary school
School		Telephone		

Activity	Approved Activity Y/N*	# Hours	Completion Date MM/DD/YY	Community Organization or Location	Supervisor Contact xxx-xxx-xxxx	Supervisor's Name
Total Hours Submitted						

Student Signature		Date Submitted	
Parent Signature			

*If the activity is not on the list of approved activities students require the principal's signature/initials before starting the activity.

OFFICE USE ONLY	Completion has been noted on the students transcript	<input type="checkbox"/>	
	Signature of school official:		